EXHIBIT C

Form 990
Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Form 990 (2017)

A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number B Check if applicable Address change GLOBAL WITNESS Name change 98-0493088 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return LLOYDS CHAMBERS, 1 PORTSOKEN STREET 492-5884 (207)termin-ated 13,911,142. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende LONDON UNITED KINGDOM E1 8BT H(a) Is this a group return F Name and address of principal officer: SIMON TAYLOR Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: WWW.GLOBALWITNESS.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > Year of formation: 1993 M State of legal domicile: UK Part I Summary Briefly describe the organization's mission or most significant activities: ENVIRONMENTAL AND HUMAN RIGHTS Governance RESEARCH AND EDUCATION. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 99 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 18 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7h **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) 13,849,171. 15,308,724. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,317. 17,284. 55,454. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 44,687. 15,393,495. 13,911,142. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 159,196. 245,237. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 6,050,275. 5,838,960. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,268,872. 5,864,822. 12,564,384. 1,346,758. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,862,978. 3,530,517. 19 Revenue less expenses. Subtract line 18 from line 12 50 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 8,241,507. 10,347,157. 1,352,490. 21 Total liabilities (Part X, line 26) 1,458,894. i et 6,889,017. Net assets or fund balances. Subtract line 21 from line 20 8,888,263. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 2018 MARK WOODBRIDGE. CHIEF OPERATING OFFICER Here Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Paid GORDON SIESS, P00027748 self-employed Firm's name BAKER TILLY VIRCHOW KRAUSE, Preparer 39-0859910 Firm's EIN Firm's address 125 BAYLIS ROAD SUITE 300 Use Only MELVILLE, NY 11747 Phone no. 631.752.7400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form	990 (2017) GLOBAL WITNESS	98-0493088 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	ENVIRONMENTAL AND HUMAN RIGHTS RESEARCH AND EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	Total and total experience and
	(Code:) (Expenses \$ 10,571,579. including grants of \$ 245,237.) (Rev	***************************************
44	GLOBAL WITNESS EXPOSES THE CORRUPT EXPLOITATION OF NATU	RAL RESOURCES
	AND INTERNATIONAL TRADE SYSTEMS, TO DRIVE CAMPAIGNS THA	T END IMPUNITY,
	RESOURCE-LINKED CONFLICT AND HUMAN RIGHTS AND ENVIRONME	
	KESOURCE-DINKED CONFLICT AND HOMAN RIGHTS AND ENVIRONME	MIAH ADODED:
		A
4b	(Code) (Expenses \$) (Re	venue \$)
4c	(Code) (Expenses \$ including grants of \$) (Re	evenue \$
40	(Loda) (Exherises a including grains of a including	,
	r	
		3 33
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 10,571,579.	
		Form 990 (2017)

ra	t IV Checklist of Required Schedules			
_	1.4		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	J	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	2000		
	as applicable.	023	12	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			100
	Schedule D, Parts XI and XII	12a		Х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			=
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
			agn /	

orm	990 (2017) GLOBAL WITNESS 98-049:	<u>8808</u>	Pi	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
н	Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
೭೮೮		25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		İ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions):		112	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	- 1		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		X_
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
	Part V, line 1	34	1 A	X
35a		35a	+	A
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	- 31
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	\vdash	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	₩	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		anno:	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		20	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1999		FRE
	filed for the calendar year ending with or within the year covered by this return 2a 99			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	120		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-14		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ UNITED KINGDOM, SPAIN	1000	Olean	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 82827	7c	- 4	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1.51	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		M2	West.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			2110
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		363	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		588	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	187	P.di	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	SALLA	272	
	organization is licensed to issue qualified health plans		37.4	
С	Enter the amount of reserves on hand	68	Jugo)	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		Fire
		F	000	(2017)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for	a "No" i	espon	80
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing			1000		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				150	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4	1 5 40	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?		***************************************	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		. 5		X
6	Did the organization have members or stockholders?			6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or		1	
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			. 8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	4	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,		1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b	4	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			337		150
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *y	'es," d	escribe			
	in Schedule O how this was done			120	_	
13	Did the organization have a written whistleblower policy?				X	_
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				l lips	
а	The organization's CEO, Executive Director, or top management official			. 15a		
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					新用
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's	1111111		
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict o	f interest policy, a	nd finar	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:			
	BRIAN KERR - (207)492-5884		70001 =4			
	LLOYDS CHAMBERS, 1 PORTSOKEN STREET, LONDON UNITED	KIN	GDOM E1	BBT		

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	***************************************	
0	Officer Director Trustees K. E. J. 1111 1 10		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one			than o	one	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)				is both	an	compensation	compensation	amount of		
	week	\vdash	1	a u	I	774465	100)	from	from related	other		
	(list any hours for	irecto			ŀ			the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	90	age e			safed		(W-2/1099-MISC)	(44-27 1099-141130)	organization		
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 (000 111100)		and related		
	below	dual	ution	m	Key employee	ast co	E E			organizations		
	line)	Indiv	Instif	Officer	Key	High empl	Former					
(1) PATRICK ALLEY	45.00											
DIRECTOR	0.00	X						122,307.	0.	7,832		
(2) SIMON TAYLOR	45.00											
DIRECTOR	0.00	X						117,623.	0.	7,146		
(3) CHARMIAN GOOCH	45.00											
DIRECTOR	0.00	Х			$oxed{oxed}$			71,274.	0.	4,699		
(4) JUANA KWEITEL	5.00											
DIRECTOR	0.00	Х						0.	0.	0		
(5) STEPHEN PEEL	5.00											
DIRECTOR	0.00	X	igsquare		_			0.	0.	0		
(6) MARK STEPHENS	5.00											
DIRECTOR	0.00	Х		<u> </u>	_			0.	0.	0		
(7) JESSICA TOLKAN	5.00	_										
DIRECTOR	0.00	X			<u> </u>	Ш		0.	0.	0		
(8) GILLIAN CALDWELL	45.00							4.00.000				
CHIEF EXECUTIVE OFFICER	0.00	\vdash	\vdash	Х	H	_		168,626.	0.	10,721		
(9) MARK WOODBRIDGE	45.00							445 000				
CHIEF OPERATING OFFICER	0.00	\vdash	\vdash	X		Н		115,899.	0.	6,281		
(10) CORINNA GILFILLAN	45.00							420 442		7 664		
HEAD OF US OFFICE	0.00	-	Н	Н	_	Х	-	130,143.	0.	7,664		
(11) MIKE DAVIS	45.00					,,		114 040		F 626		
DIR OF CAMPAIGNS, PLANNING & EVALUAT	0.00	Н	Н	\vdash		Х	-	114,248.	0.	7,636		
			Н	Н	_		\dashv					
		\vdash	\vdash	\vdash	\vdash	Н	-					
		\vdash	\vdash		\vdash	\vdash						
		\vdash	\vdash	\vdash		\vdash	\dashv					
						\vdash						
		Н	\vdash	$\vdash\vdash$	H	$\vdash \vdash$	-					
							_					

Form	990 (2017) GLOBAL WI				us-					98-04	930	88	Pa	ge 8
Par			loy	ees,			ghes	t C						
	(A) Name and title	(B) Average hours per week	box, offic	not cl	Posi neck r ss per	more rson i	than of the structure o	an	(D) Reportable compensation from	(E) Reportable compensatior from related		(F) Estimate amount other		
		(list any hours for related organizations below line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	oensat om the anizati I relate nizatio	on ed
		,	=	=	0	×	Ξ.	4		-				
	-	i						_						
											-			_
-	-		-											
_														
) A						L							
-							\vdash							
	Sub-total				200	_	<u> </u>		840,120.		0.	5:	1,9'	79.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A $_{\odot}$,,,,,,					>	0. 840,120.		0.	5:	1,9	0. 79.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	bove	e) wh	o re	eceived more than \$100	,000 of reportable			Yes	6 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s						-				000	3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab 0,000? <i>If</i> "Yes,	e co	mpi mpi	ensa ete :	ation Sch	and edul	oth J 1	ner compensation from tor for such individual	he organization		4	Х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors	-				-			_			5	20000	X
1	Complete this table for your five highest co the organization. Report compensation for										ensa	tion fro	om	
	(A) Name and business			ONI		V C 1	01 11		(B) Description of		С	ompe		n
						_								
2	Total number of independent contractors (i \$100,000 of compensation from the organi	1000	ot li	mite	d to		se li: O	sted	l above) who received m	ore than				
	The state of the s									,		Form	990 (2017)

cated campaigns	a response	or note to any line	(A)	(B)	(6)	
ated campaigns		or note to any line	(A)	(B)]		
			Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
serebin dues	1a					
raising events						
ed organizations						
rnment grants (contributions) 1e	2,100,459.				
er contributions, gifts, grants, a	nd					
amounts not included above	1f	11,748,712.				CHEST AND THE
h contributions included in lines 1a-1f:	\$					
Add lines 1a-1f			13,849,171.			
		Business Code				
ner program service revenue						
Add lines 2a-2f						
tment income (including divid similar amounts)			17,284.			17,284
ne from investment of tax-exe			17,204.			17,204
ties						
000	(i) Real	(ii) Personal		CONTRACTOR OF THE	NAME OF TAXABLE PARTY.	
rents	(i) i ioai	(ii) i eisoriai				
rental expenses						
I income or (loss)						
ental income or (loss)		•				
	Securities	(ii) Other			A SE SIVE TO SE	Second Statement
s other than inventory	,	10, 5410.				
cost or other basis		117				
ales expenses						
or (loss)						
ain or (loss)						
income from fundraising eveling \$	ents (not					
butions reported on line 1c).						
V, line 18						
direct expenses						
come or (loss) from fundrais						
income from gaming activiti		- 4				
/, line 19	a					
direct expenses						
come or (loss) from gaming						
•		2.8				
					Marie Control of the	
	inventory	Business Code	Con Interest Control	Maria managara and T	and server and de	
		900099	44 687			44,687.
			22,007.			22,007
ner revenue						
Add lines 11a-11d			44.687.			Table 1
				0.	0.	61,971.
16	owances cost of goods sold come or (loss) from sales of Miscellaneous Revenue INCOMING RESOURCES er revenue Add lines 11a-11d	cost of goods sold	owances a boost of goods sold boome or (loss) from sales of inventory Miscellaneous Revenue Business Code INCOMING RESOURCES 900099	owances a sost of goods sold b some or (loss) from sales of inventory Miscellaneous Revenue INCOMING RESOURCES 900099 44,687.	owances a boost of goods sold boome or (loss) from sales of inventory Miscellaneous Revenue INCOMING RESOURCES 900099 44,687.	owances a boost of goods sold b boome or (loss) from sales of inventory Miscellaneous Revenue INCOMING RESOURCES

Form 990 (2017) GLOBAL WITNESS 98-0493088 Page 10
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			tagot illustration and	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			DESCRIPTION OF THE PROPERTY OF	
	individuals. See Part IV, lines 15 and 16	245,237.	245,237.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	688,690.	524,920.	163,770.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,385,499.	3,476,492.	499,471.	409,536
В	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	269,479.	210,566.	34,479.	24,434
9	Other employee benefits	114,568.	86,631.	19,303.	8,634
0	Payroll taxes	592,039.	468,364.	77,584.	46,091
1	Fees for services (non-employees):				
а	Management				
b	Legal	247,823.	200,439.	47,384.	
C	Accounting	26,459.		26,459.	
d	Lobbying	15,504.	15,504.		
е	Professional fundraising services. See Part IV, line 17			Programme who have to	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			45 405	== 0.40
	column (A) amount, list line 11g expenses on Sch O.)	1,530,003.	1,386,355.	65,405.	78,243
2	Advertising and promotion	128,555.	38,599.	86,909.	3,047
3	Office expenses	120,539.	64,607.	51,607.	4,325
4	Information technology	240,861.	202,957.	20,948.	16,956
5	Royalties	554 046	440.004	F2 660	E0 E0E
6	Occupancy	551,346.	418,091.	73,668.	59,587
7	Travel	413,522.	413,043.	-4,439.	4,918
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	221 204	166 630	20 276	24 400
2	Depreciation, depletion, and amortization	221,394.	166,630.	30,276.	24,488
3	Insurance	254,926.	165,480.	89,446.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) GWP COSTS	1,972,636.	1,972,636.		
a	RESEARCH MATERIALS	190,994.	175,600.	9,392.	6,002
b	REPORT PRODUCTION	185,353.	184,557.	200.	596
C	TRAINING	114,329.	63,776.	50,517.	36
d	All other expenses	54,628.	91,095.	-38,940.	2,473
	Total functional expenses. Add lines 1 through 24e	12,564,384.	10,571,579.	1,303,439.	689,366
<u>.5</u>	Joint costs. Complete this line only if the organization	12,301,301.	TO 10111010	1,303,437.	007,000
:6					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

rt X	Balance Sheet				птур	0493088 Page
	Check if Schedule O contains a response or not	e to any	line in this Part X			
	The second second			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			964,534.	1	3,009,865
2	Savings and temporary cash investments		5,323,428.	2	4,511,566	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		1,690,368.	4	2,543,349	
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa	ated emp	lovees, Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali				THE R	31957/31/27/27/3
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect		7. 7.			
	employees' beneficiary organizations (see instr).	,			6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9					9	
-	Land, buildings, and equipment: cost or other	Ι Ι			9	
IUa	basis. Complete Part VI of Schedule D	40-	1 070 040			
h	Less: accumulated depreciation		787,663.	263,177.	10c	282,37
			203,111.	$\overline{}$	202,31	
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		8,241,507.	15	10,347,15	
16	Total assets. Add lines 1 through 15 (must equ			1,352,490.	16	1,458,89
17	Accounts payable and accrued expenses			1,332,430.	17	1,430,03
18	Grants payable				18	
19	Deferred revenue			19		
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and former					
4	key employees, highest compensated employee				100	
11 1					22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated		175		24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	17-24). (Complete Part X of			
	Schedule D		1 252 400	25	1 450 00	
26	Total liabilities. Add lines 17 through 25			1,352,490.	26	1,458,89
	Organizations that follow SFAS 117 (ASC 958		here 🕨 🛕 and			
	complete lines 27 through 29, and lines 33 an		1	E 200 116		6 E02 42
27	Unrestricted net assets			5,398,116.	27	6,582,42
28				1,490,901.	28	2,305,83
29				29		
	Organizations that do not follow SFAS 117 (A	SC 958),	check here			
	and complete lines 30 through 34.		1		wa I	
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or eq				31	
32	Retained earnings, endowment, accumulated in		4741111111	6 000 017	32	0 000 00
33	Total net assets or fund balances			6,889,017.	33	8,888,26
34	Total liabilities and net assets/fund balances		1	8,241,507.	34	10,347,15

Form	990 (2017) GLOBAL WITNESS	98-04	93088	Pag	_{1e} 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		*************		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,911					
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,564	1,38	84.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	652	2,48	88.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	8,888	3,20	<u>63.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1.3				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ().			6.64			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:			149				
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	*******	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	535	200				
	consolidated basis, or both:				K C			
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	-					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit		1				
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2017)			

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

Employer identification number

GLOBAL WITNESS 98-0493088 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 l section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

Sobo	dule A (Form 990 or 990-EZ) 2017 G	LOBAL WIT	NESS			98-049	3088 Page 2
Pa		Organizations	Described in	Sections 170(b)(1)(A)(iv) and		
	(Complete only if you checked	-		10.7			
	fails to qualify under the tests			_	,		_
Sec	tion A. Public Support			·			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) = 0.10	(5)	(4)	107	.,,	
•	membership fees received. (Do not						
		10557201.	3849189.	11917299.	15308723.	13849171.	55481583.
	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10557201.	3849189.	11917299.	15308723.	13849171.	55481583.
	The portion of total contributions		to the Park State	d Holobout Coa		CONTRACT OF	
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	put sub-live in				Particular Control	32316686.
6	Public support. Subtract line 5 from line 4.		en sui su catalant			HUNGARA	23164897.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	10557201.	3849189.	11917299.	15308723.	13849171.	55481583.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,519.	355.	23,034.	29,317.	17,284.	87,509.
9	Net income from unrelated business				-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	137,974.	-2,305.	88,656.	55,454.	44,687.	324,466.
11	Total support. Add lines 7 through 10						55893558.
12	Gross receipts from related activities	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and sto	p here				**************************************	
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11,	column (f))		14	41.44 %
	Public support percentage from 2016					15	40.43 %
	33 1/3% support test - 2017. If the					nore, check this bo	x and
	stop here. The organization qualifies						V
t	33 1/3% support test - 2016. If the		_				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 GI Part III Support Schedule for O	rganizations	Described in S			1 1 1 1 1 1 1 1	3088 Page 3
(Complete only if you checked			organization failed	to qualify under F	art II. If the organiz	ation fails to
qualify under the tests listed be	low, please com	olete Part II.)				
Section A. Public Support		r				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		W 1 1 1 1 1 1				
are not an unrelated trade or bus-	5					
iness under section 513		1				
Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6			(0)		(6)	(17 1 - 1 - 1
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	475					
14 First five years. If the Form 990 is for t	he organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ition,
check this box and stop here					***************************************	
Section C. Computation of Public			WI FIFT			
15 Public support percentage for 2017 (lin			olumn (f))		15	9
16 Public support percentage from 2016 S					16	9
Section D. Computation of Invest	ment income	rercentage				

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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Schedule A (Form 990 or 990-EZ) 2017 GLOBAL WITNESS
Part IV Supporting Organizations

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(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	ion A. All Supporting Organizations		Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing	(Lessuill)		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status		P. 1	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	LEWIS	1213	
	organization was described in section 509(a)(1) or (2).	2	-	
3	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	Market .	DIL S	H
	(b) and (c) below.	3a		
)	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		13.1	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	Ob		
	organization made the determination.	3b	(1007)	H
;	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0-		-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		H
1	Was any supported organization not organized in the United States ("foreign supported organization")? If	An	Stellar 1	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	200	
)	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	100		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations.	40	[[0]	r
;	Did the organization support any foreign supported organization that does not have an IRS determination		8 7	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		ľ
	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70	Figure 1	Г
١	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		N/E	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			١
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already	HILL STATE		Γ
•	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		Γ
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			Γ
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			l
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			ı
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1110	ı
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			L
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	_	L
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		120	ŀ
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		L
3	Was the organization controlled directly or indirectly at any time during the tax year by one or more		-	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1000		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		Ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			ı
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		720	1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		ļ
a	Was the organization subject to the excess business holdings rules of section 4943 because of section		PART OF	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	-	de year	1
	supporting organizations)? If "Yes," answer 10b below.	10a		+
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	7		F
	determine whether the organization had excess business holdings.)	10b		L

	edule A (Form 990 or 990-EZ) 2017 GLOBAL WITNESS	98-049308	8 P	age 5
Pa	rt IV Supporting Organizations (continued)	10.5		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
		11c		
Sec	tion B. Type I Supporting Organizations			
			Yeş	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		8.00	1.01
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1871
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		281	8601
	controlled the organization's activities. If the organization had more than one supported organization,	200	200	173.2
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1250		Ass.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	7:1011		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	140000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1000		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	A GOOD		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ttobs
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	W TO THE		114
	reasons for the organization's position that its supported organization(s) would have engaged in these		12.00	1919
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			2810
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2017 GLOBAL WITNESS		9	8-0493088 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	ov. 20, 1970 (explain in F	'art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sect	tions A through E.	1
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	The last		
	factors (explain in detail in Part VI):	1201133		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 GLOBAL WITNES Type III Non-Functionally Integrated 509	S (a)(3) Supporting Orga	nizations (continued)	8-0493088 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			A - 00/20 Table
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		2 12 15	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	4		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-	Note the automorphism		
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Figure in Planck		
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
_	line 7: \$ Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			Duranella-veu-moos
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater			
				Server to the server to the
_	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			Contract the State of the State
7	Excess distributions carryover to 2018. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017 GLOBAL WITNESS Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part III	98-0493088 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section III line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER IN	COME:
OTHER INCOME	
2013 AMOUNT: \$ 137,974.	
2014 AMOUNT: \$ -2,305.	
2015 AMOUNT: \$ 88,656.	
2016 AMOUNT: \$ 55,454.	
2017 AMOUNT: \$ 44,687.	
	400
732028 10-06-17	Schedule A (Form 990 or 990-EZ) 2017

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017

Name of the organization		Employer identification number				
	GLOBAL WITNESS	98-0493088				
Organization type (che		, 30 0133000				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, co any one contributor. Complete Parts I and II. See instructions for determin					
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the y(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa putor, during the year, total contributions of the greater of (1) \$5,000; or (-EZ, line 1. Complete Parts I and II.	art II, line 13, 16a, or 16b, and that received from				
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ributions of more than \$1,000 exclusively for religious, charitable, scientiful of cruelty to children or animals. Complete Parts I, II, and III.					
year, contributi is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to ons exclusively for religious, charitable, etc., purposes, but no such contriber here the total contributions that were received during the year for an examplete any of the parts unless the General Rule applies to this organ table, etc., contributions totaling \$5,000 or more during the year	ributions totaled more than \$1,000. If this box exclusively religious, charitable, etc., sization because it received nonexclusively				
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't on Part IV, line 2, of its Form 990; or check the box on line H of its Form let the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2017)			Page 2
Name of org	ganization		Employe	er identification number
GLOBA	L WITNESS		98	-0493088
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	FOUNDATION TO PROMOTE AN OPEN SOCIETY 224 WEST 57TH STREET	\$2,782,2	69.	Person X Payroll Noncash
	NEW YORK, NY 10019			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	OMIDYAR NETWORK 1991 BROADWAY STREET, SUITE 200 REDWOOD CITY, CA 94063	\$ 1,615,6	62.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution		(d) Type of contribution
3	GLOBAL WITNESS FOUNDATION 855 EL CAMINO REAL, STE 13A-410 PALO ALTO, CA 94301	\$1,854,0	16.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 837,4	83.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5	NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION (NORAD) PB 8034 DEP OSLO, NORWAY 0030	\$ 785,9	12.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6	UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT, FGMC PROGRAMME 9W1, 1 PALACE STREET	\$ 619,0	22.	Person X Payroll Noncash
723452 11-0	LONDON, UNITED KINGDOM SW1E 5HE			(Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 2
Name of or	ganization		Employer identification number
GLOBA	L WITNESS		98-0493088
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4 SWEDISH INTERNATIONAL DEVELOPMENT	(c) Total contribution	(d) S Type of contribution
7	COOPERATION AGENCY (SIDA) VALHALLAVAGEN 199 STOCKHOLM, SWEDEN SE-105 25	\$1,459,47	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8	ALEXANDER SOROS FOUNDATION 888 SEVENTH AVE, 33RD FLOOR NEW YORK, NY 10106	\$\$64,59	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GLOBAL WITNESS TRUST 1 MARK SQUARE LONDON, UNITED KINGDOM EC2A 4EG	\$\$86,98	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SKOLL FOUNDATION 250 UNIVERSITY AVENUE, SUITE 200 PALO ALTO, CA 94301	\$500,24 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 THE WILLIAM AND FLORA HEWLETT	(c) Total contributions	(d) Type of contribution
11	FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

chedule B ame of org	(Form 990, 990-EZ, or 990-PF) (2017)	·	Page 3 Employer identification number	
	WITNESS	98-0493088		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		
		- - - \$	B (Form 990, 990-EZ, or 990-PF) (2017)	

ame of organ	ization		Emp	loyer identification number			
LOBAL Part III	WITNESS Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III. enter the total of exclusively religious	columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) the				
a) No. I	Use duplicate copies of Part III if addition	al space is needed.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held			
_ -				usu En			
		(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transfer	or to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held			
		Transmitted and the same time					
-		(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
		<u> </u>					
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held			
_ -		(e) Transfer of gift					
	Transferee's name, address, ar		Relationship of transfer	or to transferee			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held			
_ =							
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfero	or to transferee			
-							

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 **Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-A	ganization			ı	Employer identification number
Part I-A	GLOBAL W	ITNESS			98-0493088
	Complete if the orga	nization is exempt unde	r section 501(c)	or is a section 52	7 organization.
2 Politica	al campaign activity expenditu	tion's direct and indirect politica res n activities			> \$
Part I-B	Complete if the orga	nization is exempt unde	er section 501(c)	(3).	
1 Enter t	he amount of any excise tax ir	ncurred by the organization und	er section 4955		> \$
2 Enter t	he amount of any excise tax ir	ncurred by organization manage	rs under section 4955		\$
	•	4955 tax, did it file Form 4720 t			10000000000000000000000000000000000000
	" describe in Part IV				
Part I-C	Complete if the orga	anization is exempt unde	er section 501(c),	, except section 5	01(c)(3).
2 Enter to exemp 3 Total e line 17	he amount of the filling organize of function activities exempt function expenditures.	by the filing organization for sec zation's funds contributed to oth Add lines 1 and 2. Enter here an 1120-POL for this year?	er organizations for s	ection 527	▶\$ ▶\$
made į contrib	payments. For each organizati	ployer identification number (EIN on listed, enter the amount paic mptly and directly delivered to a dditional space is needed, provi	from the filing organi separate political org	zation's funds. Also en ganization, such as a se	ter the amount of political
	(a) Name		de information in Part	CIV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's contributions received and

LHA

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Schedule C (Form 990 or 990-EZ) 2017 GI			- E04/a\/0\	98-	0493088 Page 2
Part II-A Complete if the organ section 501(h)).	ization is exer	npt under section	1 501(c)(3) and file	a Form 5/68 (e	ection under
	excess lobbying	expenditures).	n Part IV each affiliated o	group member's nar	ne, address, EIN,
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			#
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter the					
Not over \$500,000		bying nontaxable am the amount on line 1e.			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter 2 h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero o reporting section 4911 tax for this year (Some organizations that it	less, enter -0- ess, enter -0- n either line 1h or ? 4-Year Av	line 1i, did the organiza	ation file Form 4720	the five columns b	Yes No
		ate instructions for li			
LINGS OF THE STATE OF	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount		l III			
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				1	
d Grassroots nontaxable amount					
e Grassroots ceiling amount		ACRES (SEE SEE			
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2017 GLOBAL WITNESS 98-04930

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(0)
f the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or	(A) (A)		FIRM	3 KO - 1
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:	STATE OF THE PARTY	NAME OF		
a Volunteers?	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10	,927
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X			1,577
j Total. Add lines 1c through 1i			15	,504
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	back full			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				75 TEN
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization agree to carry over lobbying and political campaign activity expenditures from t			A7	_
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501(C)(oj, or sec	TION III A 12	· o :-
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," UH	(D) Part	III-A, IIN	ə ə, is
answered "Yes."		- 1 4		
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	iical	117.5		
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year		1 -		
c Total				
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		A	1	
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)			 	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5	l	
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	n liet): Dort II	A lines 1 a	nd 2 /200	-
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou Istructions); and Part II-B, line 1. Also, complete this part for any additional information.	pilog, Part II	n, mies i a	114 E (266	
ART II-B, LINE 1, LOBBYING ACTIVITIES:				
THAT II D, DIME I, HODDIIMO ACIIVIIIDO.				
LOBAL WITNESS LIMITED TRANSFERS CASH TO GLOBAL WITNE	SS PUB	<u>LISHI</u> N	G INC	
O FUND ITS ACTIVITIES. THE AMOUNT DISCLOSED ABOVE IN	PART :	TI-B(I) IS	
HE ELEMENT OF THE CASH TRANSFERRED WHICH WE ESTIMATE	TO HA	VE BEE	N	
DENIM ON DIDECT CONTACT WITHUIFCICIATORS MUSTE STAFF	GOV	ERNMEN	T)	
PENT ON DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF	, GOV.	CLIMEN	1	
FFICIALS OR A LEGISLATIVE BODY.				
		ule C (Form		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Schedule D (Form 990) 2017

	GLOBAL WITNESS			98-0493088
Pai	t I Organizations Maintaining Donor Advised Funds of	or Other Similar Funds or A	Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			ALCOHOLD AND
Т	(a) [Donor advised funds	(b) Funds a	and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
ļ	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised fu	ınds	
	are the organization's property, subject to the organization's exclusive leg	gal control?		Yes N
3	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be used	only	
	for charitable purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conf-	erring	
	impermissible private benefit?			Yes N
aı	t II Conservation Easements. Complete if the organization ar	nswered "Yes" on Form 990, Part	IV, line 7.	
	Purpose(s) of conservation easements held by the organization (check all	that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historica	ally important	land area
	Protection of natural habitat	Preservation of a certified		
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a	conservation	easement on the last
	day of the tax year.			d at the End of the Tax Ye
а	Total number of conservation easements			
b				
c	Number of conservation easements on a certified historic structure include			
	Number of conservation easements included in (c) acquired after 7/25/06			
_	listed in the National Register		2d	
	Number of conservation easements modified, transferred, released, exting			ng the tax
	year >	ga, o		
	Number of states where property subject to conservation easement is loc	cated >		
	Does the organization have a written policy regarding the periodic monito			
	violations, and enforcement of the conservation easements it holds?			Yes N
;	Staff and volunteer hours devoted to monitoring, inspecting, handling of v			
	>			,
,	Amount of expenses incurred in monitoring, inspecting, handling of violating	ions, and enforcing conservation	easements di	uring the year
	▶ \$			
3	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)((B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes N
)	In Part XIII, describe how the organization reports conservation easement			
	include, if applicable, the text of the footnote to the organization's financia			
	conservation easements.		ngameation o	accounting for
aı	t III Organizations Maintaining Collections of Art, Histo	orical Treasures, or Other	Similar As	ssets.
	Complete if the organization answered "Yes" on Form 990, Part IV			
_ a	If the organization elected, as permitted under SFAS 116 (ASC 958), not t		and halance	sheet works of art
	historical treasures, or other similar assets held for public exhibition, educ			
	the text of the footnote to its financial statements that describes these ite		or public servi	co, provido, irri arrixin,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		halanco shee	at works of art historical
J	treasures, or other similar assets held for public exhibition, education, or respectively.			
	relating to these items:	oscaron in fundierance of public s	or vice, provid	to the lonowing amount
	-		• •	
	(i) Revenue included on Form 990, Part VIII, line 1		00	
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other	her similar assets for financial gair	··· -	
:		-	i, provide	
_	the following amounts required to be reported under SFAS 116 (ASC 958) Revenue included on Form 990, Part VIII, line 1	·	• •	
	Assets included in Form 990, Part X		> \$ _	····
n	ASSECT OF A DESCRIPTION OF A SECTION OF A SE			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2017 GLOBAL T		t Histor	rical Tre	asures or (Other Si				Page 2
	Using the organization's acquisition, accession									
3	(check all that apply):	on, and other records	s, check a	iriy or trie it	Jilowing that ar	e a signin	icant use	o or its co	JII GC LIOIT IL	enis
а	Public exhibition			an or evel	nange program					
b	Scholarly research	e		ther	lange program	•				
C	Preservation for future generations	-								
4	Provide a description of the organization's co	llections and evaluir	how the	further th	e organization's	e avamnt	nurnose	in Part	ZIII	
5	During the year, did the organization solicit or				-			inii aic	XIII.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrange									INO
	reported an amount on Form 990, Par	-	310 11 1110 0	n ganization	Tanswered Te	33 011101	1111 550, 1	artiv, ii	110 3, 01	
12	Is the organization an agent, trustee, custodi		iany for co	ntributions	or other asset	s not incl	uded			
Ia	<u> </u>		-						Yes	No
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a] 165	140
D	ii 165, explain the arrangement in Part Air	and complete the for	lownig tal	Jie.					Amount	
С	Beginning balance						1c		Amount	
	Beginning balance						1d			
	Additions during the year						1e			
e f	Distributions during the year						1f			
	Ending balance Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						********] 163	
Pai								<u> </u>		
	- Complete	(a) Current year		or year	(c) Two years		Three ve:	ars hack	(e) Four v	ears hack
40	Reginning of year balance	(a) Cullett year	(6) 111	Ol year	(C) IWO years	Dack (G)	THI CC YC	ai S Dack	(e) roury	tais back
	Beginning of year balance									
b	Contributions					_				
C	Net investment earnings, gains, and losses				L					
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					_				
	Administrative expenses									
g	End of year balance		# 4							
2	Provide the estimated percentage of the curr	-	e (line 1g,	column (a)) held as:					
a	Board designated or quasi-endowment	•	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	,								
	The percentages on lines 2a, 2b, and 2c sho						. 39	5		
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held an	id administered	for the o	rganizati	ion		
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds.						
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990, F	Part X, line	e 10.			
	Description of property	(a) Cost or o	100		or other		umulated	1	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation			
	Land						A PERSONAL PROPERTY.	0.000		
b	Buildings									
С	Leasehold improvements									
	Equipment				2,099.		9,15			,944.
е	Other				7,941.	44	8,50	8.		,433.
Tota	I. Add lines 1a through 1e. (Column (d) must e	agual Form 990. Part	X. column	(B), line 1	0c.)				282	,377.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value		e 12. Cost or end-of-year market value
Figure 1-1 destruction	(b) Dook value	(c) Welliod of Valuation.	Oost of end-or-year market value
Classic hald an identification at			
Other			
(A)			
(B)			
(C)			
(D)		 	
(E)	·		
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		(Methodoxina) Kilippan kaya interi	
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990 Part IV line	11c See Form 990 Part X lin	a 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
1)			
2)			
(3)			
(4)			
5)			
6)			
7)			
8)			
(9)			•
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		LES-EMPONENT CONTRACTOR	
Other Assets. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, lin	e 15. (b) Book value
Complete if the organization answered "Yes" or (a) Do		11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do		11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1)		.11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3)		.11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (b) (a) Do (c) (a) Do (.11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5)		11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, lin	
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line 1 art X Other Liabilities.	escription		(b) Book value
Complete if the organization answered "Yes" or (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line 1 art X Other Liabilities. Complete if the organization answered "Yes" on	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Definition of the complete if the organization answered "Yes" or (b) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	escription		(b) Book value
Complete if the organization answered "Yes" or (a) Default (a) Description of liability (b) Federal income taxes	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Default (a) Description of liability (b) Federal income taxes (c) Complete if the organization answered "Yes" on (a) Description of liability (b) Federal income taxes (c)	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) Complete if the organization answered "Yes" or (c) Complete if the organization answered "Yes" organization answered "Yes" organization answered "Yes" organization of liability (c) Complete if the organization answered "Yes" organization of liability (d) Federal income taxes (2) (3) (4) (5) (6)	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) Complete if the organization answered "Yes" or (c) Complete if the organization answered "Yes" organization answered "Yes" organization answered "Yes" organization of liability (c) Complete if the organization answered "Yes" organization of liability (d) Federal income taxes (2) (3) (4) (5) (6)	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) Complete if the organization answered "Yes" or (c) Complete if the organization answered "Yes" or (d) Do (e) Complete if the organization answered "Yes" or	escription	11e or 11f. See Form 990, Par	(b) Book value
Complete if the organization answered "Yes" or (a) Do (b) Column (b) must equal Form 990. Part X. col. (B) line 1 (a) De (b) Column (b) must equal Form 990. Part X. col. (B) line 1 (c) Complete if the organization answered "Yes" on (a) Description of liability (b) Federal income taxes (c) (d) (d) (d) (d)	escription	11e or 11f. See Form 990, Par	(b) Book value

Schedule D (Form 990) 2017

che	dule D (Form 990) 2017 GLOBAL WITNESS				0493088 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements	***********		1	14,169,942.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		A STATE	
b	Donated services and use of facilities	2b	258,800.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	258,800.
3	Subtract (ine 2e from line 1			3	13,911,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			133	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1955	
C	Add lines 4a and 4b			4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 1.	2.)	<u> </u>	5	13,911,142.
Pai	t XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements		***************************************	1	12,823,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1			
а	Donated services and use of facilities	2a	258,800.	146	
b	Prior year adjustments	2b		0.00	
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	258,800.
3	Subtract line 2e from line 1			3	12,564,384.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Head	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1000	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	12,564,384.
	t XIII Supplemental Information.				
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inforr	nation.		
			(//	15.0	
					3 7 100
_					
_			200		
_	<u> </u>		- 192		
					edule D /Form 990) 2017

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employer ident	ification number
GLOBAL WITNESS	T.L.				98-04930	88
Part I General Info	rmation on A	ctivities Out	tside the United States. Comp	ete if the organ	ization answered '	'Yes" on
Form 990, Part IV						
	_		ds to substantiate the amount of its grather the selection criteria used to award the			Yes X No
the grantees engionity is	or the grants or a	issistance, and	the selection chiena used to award the	grants or assis	itance?	Tes A No
2 For grantmakers, Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
United States.						
3 Activities per Region. (T		I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices	(c) Number of employees,			vity listed in (d)	(f) Total expenditures
	in the region	agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type		for and
		contractors in the region	recipients located in the region)		(s) in the region	investments in the region
		WY LITO TOGICAL				
				ENVIRONMENT	AL AND HUMAN	2.0
			PROGRAM, FUNDRAISING,	RIGHTS RESE	ARCH AND	
UNITED KINGDOM	1	84	MANAGEMENT & GENERAL	EDUCATION.		10,676,034.
			TO CARRY OUT SERVICES AND			
EAST ASIA AND THE			DISPERSE SMALLER LOCAL			
PACIFIC	0	0	grants			61,836.
						1
			TO CARRY OUT SERVICES AND			
SUB-SAHARAN AFRICA		0	DISPERSE SMALLER LOCAL GRANTS			179,082.
DOD DAIMING ATRICA		-	SKANTS			173,002.
				1.0		1.3
						7119
						1 5 25
			,	N - N		
			,			
						1.44
						0.00
				100		
						100
3 a Sub-total	1	84				10,916,952.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a		0.4		Physical Street		

98-0493088 GLOBAL WITNESS Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part III

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC -	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	61,836.	61,836. WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	TO CARRY OUT SERVICES AND DISPERSE SMALLER LOCAL GRANTS.	179,082.	179,082. WIRE TRANSFER	0		
2 Enter total number of by the IRS, or for whi	Enter total number of recipient organizations listed above by the IRS, or for which the grantee or counsel has provice.	Ins listed above that are in insel has provided a seci	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r	recognized as tax-exi	empt		2
3 Enter total number of	Enter total number of other organizations or entities	or entities			***************************************			0

	(h) Method of valuation (book, FMV, appraisal, other)					
v, line to.	(g) Description of noncash assistance					
on rorm 990, Par I	(f) Amount of noncash assistance					
organization answered Tes	(e) Manner of cash disbursement					
ces. Complete ii ui	(d) Amount of cash grant					
ae ine Oillea Stat	(c) Number of recipients					
ditional space is need	(b) Region					
Fair III. Parains and Other Assistance to individuals Outside the Online States. Complete it the organization answered if sed from 850, Part IV, line 10. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Sched	fule F (Form 990) 2017 GLOBAL WITNESS	98-0493088	Page 4
Par			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	m 990) 2017

Schedule F (Form 990) 2017 GLOBAL WITNESS	98-0493088 Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	_
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	
PART I, LINE 2:	
PARTNER IDENTIFICATION PROCESS, PARTNER FINANCIAL CHECKLIS	ST COMPLETED
BEFORE INITIAL GRANT AGREEMENT SIGNED, AT LEAST ANNUAL ON-	SITE VISITS
FROM GLOBAL WITNESS PROGRAM STAFF TO REVIEW PROJECT ACTIVI	TIES AND CARRY
OUT FINANCIAL MINI-AUDIT, MONITORING & EVALUATION OF PROJE	ECT CARRIED OUT
BY AN INDEPENDENT CONSULTANT, QUARTERLY GRANT PAYMENTS ARE	SUBJECT TO
RECEIPT OF SATISFACTORY FINANCIAL REPORTING OF PREVIOUS PE	ERIOD, ANNUAL
AUDIT OF FINANCIAL STATEMENTS REQUIRED BY LOCAL AUDITORS A	GREED WITH
GLOBAL WITNESS. THIS GRANTING TO PARTNERS IS PART OF A CO	NTRACT WITH THE
BRITISH GOVERNMENT (DEPARTMENT OF INTERNATIONAL DEVELOPMEN	T) AND IS ALSO
SUBJECT TO THEIR OVERSIGHT.	
Carlo de la companya	- V K

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

98-0493088 GLOBAL WITNESS **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? Х b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

732112 10-17-17

Schedule J (Form 990) 2017 GLOBAL WITNESS

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

98-0493088

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	in column (B) reported as deferred on prior Form 990
(1) GILLIAN CALDWELL	€	166,738.	0.	1,888.	10,721.	0	179,347.	0.
CHIEF EXECUTIVE OFFICER	≘	0.	0.	0.	• 0	0	0	0
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Page 3							rm 990) 2017	
98-0493088	Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						Schedule J (Form 990) 2017	
	6a, 6b, 7, and 8, and for Part II. Also con							
	art I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b							
GLOBAL WITNESS	mation, or descriptions required for P							
Schedule J (Form 990) 2017	Part III Supplemental Information Provide the information, explanation, c						732113 10-17-17	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Attach to Form 990 or 990-EZ. Open to Public ■ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number GLOBAL WITNESS 98-0493088 FORM 990, PART VI, SECTION A, LINE 6: ORDINARY SHARES FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS CIRCULATED TO THE DIRECTORS IN ADVANCE OF A BOARD MEETING AT WHICH THE FORM 990 IS FORMALLY APPROVED BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY TO MONITOR AND ENFORCE COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: SINCE 2016 A SUBCOMMITTEE OF THE BOARD, THE FINANCE AND REMUNERATION COMMITTEE, HAS BEEN RESPONSIBLE FOR REVIEWING AND DECIDING ON THE REMUNERATION AND BENEFITS OF THE EXECUTIVE. THIS COMMITTEE IS INDEPENDENTLY CHAIRED AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR THEIR CONSIDERATION AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. ADDITIONALLY, THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE AND AT THEIR OFFICES (UK). FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CURRENCY TRANSLATION ADJUSTMENT 652,488.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization GLOBAL WITNESS						
					Employer identification number 98-0493088	ication number 088
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	if the organization answered "Ye	s" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990,	Part IV, line 34, be	cause it had one or	more related tax-exe	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?
				501(c)(3))		Yes

98-0493088 GLOBAL WITNESS Schedule R (Form 990) 2017

Page 2 Code V-UBI General of Percentage amount in box managing ownership 20 of Schedule Pertner/ K-1 (Form 1065) Yes No Schedule R (Form 990) 2017 Yes No (i) Section 512(b)(13) controlled entity? × Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 3 (h) Percentage ownership Part III organization of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 100% 8 68,963. (g) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income -72,364. Ξ Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) **e** Share of total CORP Ξ (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) N/A **e** Legal domicite (state or foreign country) DC (d)
(Direct controlling entity RESEARCH & EDUCATION Primary activity 9 (c)
Legal
domicile
(state or
foreign
country) Primary activity GLOBAL WITNESS PUBLISHING INC - 41-2143316 9 Name, address, and EIN of related organization 1100 17TH STREET NW, SUITE 501 Name, address, and EIN of related organization a WASHINGTON, DC 20036 732162 09-11-17 Part IV

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 2 Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 2 Gift, grant, or capital contribution from related organization(s) 3 C Gift, grant, or capital contribution from related organization(s) 4 Loans or loan guarantees to or for related organization(s) 5 Loans or loan guarantees by related organization(s) 6 Dividends from related organization(s) 7 Dividends from related organization(s) 8 Sale of assets from related organization(s) 9 Sale of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Lease of facilities, equipment, or other assets with related organization(s) 1 Reformance of services or membership or fundraising solicitations by related organization(s) 1 Reformance of services or membership or fundraising solicitations by related organization(s) 1 Reformance of services or membership or fundraising solicitations by related organization(s) 1 Reformance of services with related organization(s) 2 Sale of paid employees with related organization(s)	Yes No
lends from related organization(s) of assets to related organization(s) of assets torelated organization(s) hase of assets from related organization(s) ange of assets with related organization(s) in of facilities, equipment, or other assets from related organization(s) ormance of services or membership or fundraising solicitations by related organization(s) ing of facilities, equipment, mailing lists, or other assets with related organization(s) ing of paid employees with related organization(s) ing of paid employees with related organization(s)	
hase of assets from related organization(s) lange of assets with related organization(s) le of facilities, equipment, or other assets to related organization(s) le of facilities, equipment, or other assets from related organization(s) ormance of services or membership or fundraising solicitations for related organization(s) ing of facilities, equipment, mailing lists, or other assets with related organization(s) ing of facilities, equipment, mailing lists, or other assets with related organization(s) ing of paid employees with related organization(s)	
ie of facilities, equipment, or other assets from related organization(s) primance of services or membership or fundraising solicitations for related organization(s) primance of services or membership or fundraising solicitations by related organization(s) ing of facilities, equipment, mailing lists, or other assets with related organization(s) ing of paid employees with related organization(s)	
Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s)	1 X X
s for information on who must complete this line, including covered relationships a (b) (c) Transaction Amount involved	ount involv
(1) GLOBAL WITNESS PUBLISHING, INC R 1,909,063. FAIR MARKET VALUE	VALUE

98-0493088 Page 4

Schedule R (Form 990) 2017 GLOBAL WITNESS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(h) (i) (j) (k) Disproport Code V-UBI General or Percentage intolerations amount in box 20 managing ownership ress No (Form 1065) yes No				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Dispropor tionate flocations			 _	
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec. 501(c)(3) orgs.?				
(d) Predominant income related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) (b) (c) (d) (d) (d) (e) (d) (e) (d) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				

Schedule R (Form 990) 2017

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